

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	429 579	FILING DATE
APPLICANT(S)	4-27-85	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	\					
2	\					
3	\					
4	\					
5	\					
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7	\					
8	\					
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50						
TOTAL IND.	2					
TOTAL DEP.	12					
TOTAL CLAIMS	14					

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